

PART B - FEE(S) TRANSMITTAL

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Sharon Smith	(Depositor's name)
/Sharon Smith/ Electronically Filed	(Signature)
December 1, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809,015	03/25/2004	Tommy Constantine	11000128-0006	7839

TITLE OF INVENTION:

PAYMENT CARD SWEEPSTAKES PROGRAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	12/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
ST CYR, DANIEL		2876	235-380000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Eufora, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scottsdale, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)

A check is enclosed.

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3140 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date December 1, 2010

Typed or printed name Gary B. Solomon

Registration No. 44,347

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